Image# 14952600428 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	-or Other Than An Authorized Co	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example over the	e: If typing, type 12FE4M5
CT Black Republicans	and Conservatives	
ADDRESS (number and street)	18 Lake Garda Drive	
Check if different		
than previously reported. (ACC)	Unionville	CT 06085 -
2. FEC IDENTIFICATION N	JMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00558924	3. IS THIS REPORT	NEW (N) OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	May 20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)
× April 15	Apr 20 (M4)	Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15	(c) 12-Day Prim	nary (12P) General (12G) Runoff (12R)
Quarterly Report (0	Report for the: Con	vention (12C) Special (12S)
Quarterly Report (0	Floation	in the State of
Year-End Report (\ July 31 Mid-Year	(d) 30-Day	State of
Report (Non-election Year Only) (MY)	n i i i	neral (30G) Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 0		hrough 03 31 2014
I certify that I have examined the	is Report and to the best of my knowled	ge and belief it is true, correct and complete.
Type or Print Name of Treasure	Mrs. Regina v Roundtree	
Signature of Treasurer Mrs.	Regina v Roundtree [Elec	ctronically Filed] Date 11 22 / 2014
NOTE: Submission of false, erron	eous, or incomplete information may subjec	t the person signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
CT Black Republicans and Conserv	ratives	
Report Covering the Period: From: 01	M / 01 / 2014 To:	03 31 7 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	[50.00
(b) Cash on Hand at Beginning of Reporting Period	50.00	
(c) Total Receipts (from Line 19)	11092.00	11092.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11142.00	11142.00
7. Total Disbursements (from Line 31)	12641.58	12641.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-1499.58	-1499.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8500.00	
This committee has qualified as a multican	ndidate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CT Black Republicans and Conservatives

(ii) Unitemized (iii) TOTAL (add Lines 11(a)(ii) and (iii) \top 1210.00 1210.	R	eport Covering the Period: From: 01	01 / 2014 To:	03 31 2014
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		I. Receipts		
(i) Itemized (use Schedule A)	11.	(a) Individuals/Persons Other		
(iii) TOTAL (add Lines 11(a)(i) and (iii)			400.00	400.00
Lines 11(a)(i) and (ii)			810.00	810.00
(c) Other Political Committees (such as PACs)		` '	1210.00	1210.00
(such as PACs)			0.00	0.00
Totals to Line 33, page 5)		(such as PACs)	600.00	600.00
Party Committees		Totals to Line 33, page 5)▶	1810.00	1810.00
14. Loan Repayments Received	12.		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	13.	All Loans Received	8500.00	8500.00
(Carry Totals to Line 37, page 5)		Offsets To Operating Expenditures	0.00	0.00
Political Committees	16.	(Carry Totals to Line 37, page 5)	0.00	0.00
(Dividends, Interest, etc.)		Political Committees	0.00	0.00
(a) Non-Federal Account (from Schedule H3)		(Dividends, Interest, etc.)	782.00	782.00
(b) Levin Funds (from Schedule H5)	18.	(a) Non-Federal Account		
(c) Total Transfers (add 18(a) and 18(b)) 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts		(from Schedule H3)	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts		(b) Levin Funds (from Schedule H5)	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))▶ 11092.00 11092.0 20. Total Federal Receipts		(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	19.		11092.00	11092.00
(subtract Line 18(c) from Line 19)▶ 11092.00 11092.	20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	11092.00	11092.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronida Tour to Dute
	(i) Federal Share	0.00	0.00
	· ·	200	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	9746.58	9746.58
	(c) Total Operating Expenditures	31 10.00	37 40.00
	(add 21(a)(i), (a)(ii), and (b))▶	9746.58	9746.58
	Transfers to Affiliated/Other Party		
	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	2850.00	2850.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(466 561164416 1)	4	
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:	3.00	
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ▶	0.00	0.00
	Other Disbursements	45.00	45.00
	Other Dispursements	45.00	10.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	3.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12641.58	12641.58
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	100 11 00	100/:
	from Line 31)▶	12641.58	12641.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1810.00	1810.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1810.00	1810.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	9746.58	9746.58
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	9746.58	9746.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

14

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CT Black Republicans and Conservatives Full Name (Last, First, Middle Initial) Veronica Airey-Wilson Date of Receipt Mailing Address 131 Ridgefield Street 01 2014 City State Zip Code Transaction ID: SA11AI.4232 CT Hartford 06112 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Occupation All State Insurance sales Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... 400.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 14 (check only one) 11a 11b X 11c 12 13 14 15 16 17					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) CT Black Republicans and Cons	servative	s						
Α.	Full Name (Last, First, Middle Initial) CT Black Republicans and Conservati	ves (state)		Date of Receipt					
	Mailing Address 18 Lake Gardia Drive			02 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Unionville	State CT	Zip Code 06085	Transaction ID : SA11C.4212 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		600.00					
	Name of Employer	Occupation		donation towards fundraiser					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00						
В.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address			M M / D D / Y Y Y Y					
	FEC ID number of contributing federal political committee.		Zip Code	Amount of Each Receipt this Period					
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
-	Full Name (Last, First, Middle Initial)			Date of Receipt					
•	Mailing Address			M = M / D = D / Y = Y = Y					
City Sta		State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.								
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼						
s	SUBTOTAL of Receipts This Page (optional)			600.00					

TOTAL This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF 14 Use separate schedule(s) (check only one) for each category of the 11b 12 11a 11c Detailed Summary Page **X** 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CT Black Republicans and Conservatives Full Name (Last, First, Middle Initial) THOMAS C FOLEY Date of Receipt Mailing Address PO BOX 110384 2014 27 City Zip Code State Transaction ID: SA13.4114 CT **STAMFORD** 06911 Amount of Each Receipt this Period FEC ID number of contributing 8500.00 S0CT00136 federal political committee. Loan for fundraiser Name of Employer Occupation Retired None Receipt For: Aggregate Year-to-Date ▼ Primary General 8500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 8500.00 SUBTOTAL of Receipts This Page (optional)..... 8500.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 9 OF 14					
ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	11a 11b 11c 12					
			Detailed Suffilliary Fage	13 14 15 16 X 17					
	ny information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions					
\setminus	NAME OF COMMITTEE (In Full)								
	CT Black Republicans and Conse	ervative	S						
Α.	Full Name (Last, First, Middle Initial) Ambassador Speaker Bureau			Date of Receipt					
	Mailing Address P.O. Box 50358		03 04 2014						
	City	State	Zip Code	Transaction ID : SA17.4142					
	Nashville	TN	37205	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		782.00					
	Name of Employer	Occupation		event speaking fee					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		700.00						
	Other (specify)		782.00						
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt					
О.	Mailing Address	<u>'</u>							
	Walling Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	С							
	Name of Employer	Occupation							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	Aggregate	Tear to Bate ¥						
	Other (specify) ▼		, , , , , , , , , , , , , , , , , , ,						
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt					
•	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation	1						
	Receipt For:	A a a a a a a a	Voor to Date =	_					
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)								
				'					
s	SUBTOTAL of Receipts This Page (optional)			782.00					

TOTAL This Period (last page this line number only).....

782.00

S	CHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 10 OF 14				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	y one)				
			Summary Page	X 21b 27	22	23	24	25 29	26
·		<u> </u>			28a	28b	28c		30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , ,	,,,,,,	.,		,,,,,		
$ \rangle$	CT Black Republicans and Conserv	vatives							
\angle	•								
^	Full Name (Last, First, Middle Initial)				Deta	CD:-I			
A.	Anthony Ocean View					f Disburse			
	Mailing Address 450 Lighthouse Rd				02	2		2014	Y
	,	State	Zip Code		Trans	action ID	: SB21B.4	110	
	New Haven Purpose of Disbursement	СТ	06512				. 052.5		
	deposit on catering and hall rental				Amount	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/					
				Type		- 7	7	600	0.00
	Office Sought: House Disbursen	nent For:	2014						
		Primary	General						
	State: District:	Other (spe	cify) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	Anthony Ocean View				Date of	f Disburse	ment		
	Anthony Ocean view				M M	/ D		YY	Υ
	Mailing Address 450 Lighthouse Rd				03 13 2014				
	City	State	Zip Code		Trans	saction ID	: SB21B.4	144	
	New Haven	СТ	06512		· · a · · c		. 052.5		
	Purpose of Disbursement catering and hall rental				Amount	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/	7	0. 200	2.000 0.00111		
				Type		,	-	230	0.00
	Office Sought: House Disbursen	nent For:							
		Primary	General						
	President State: District:	Other (spe	сіту) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	AT&T				Date of	f Disburse	ment		
					M M	/ D	D / Y	ΥΥ	Υ
	Mailing Address 123 Farmington Ave				03	1.	2	2014	
	City	State	Zip Code						
		CT	06010		Trans	action ID	: SB21B.4	131	
	Purpose of Disbursement								
	wireless card service				Amount	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/				138	3.99
	Office Sought: House Disbursen	nent For:		Туре		-	7		
		Primary	General						
		Other (spe							
_	State: District:		<u> </u>						
Г	·								
5	SUBTOTAL of Disbursements This Page (optional)			·····		-,-		3038	3.99
L									
1	'OTAL This Period (last page this line number only)					,			

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S	CHEDULE B (FEC Form 3X)	I le :	mate astrod (/)	FOR LINE	INE NUMBER: PAGE 11 OF 14				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only					
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Δ,	ny information copied from such Reports and Statem	ente may :	not he sold or us						
	for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	CT Black Republicans and Conserv	vatives							
\angle	Full Name (Last, First, Middle Initial)								
A.	Cogent Counsulting				Date of	Disburser	nent		
		M = M	/ D I		YY	Y			
	Mailing Address 18 Lake Garda Drive				03	05	┙	2014	
	City	State	Zip Code						
	Unioville	CT	06085		Trans	action ID :	SB21B.41	41	
	Purpose of Disbursement fundraiser counsulting						S. 1		.
	Candidate Name				Amount	ot Each [Disburseme	ent this	reriod
	Canadate Name			Category/ Type				850	0.00
	Office Sought: House Disbursen	nent For:		.,,,,			7		
		Primary	General						
	President State: District:	Other (spec	cify) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	•				Date of	Disburser	nent		
					M = M	/ D I		YY	Υ
	Mailing Address 18 Lake Garda Drive					12		2014	
		State CT	Zip Code		Trans	action ID	SB21B.41	33	
	Unioville Purpose of Disbursement	<u> </u>	06085						
	counsulting work				Amount	of Each [Disburseme	nt this	Period
	Candidate Name			Category/				20.	3.00
	Office Sought: House Disbursen	ont For:		Туре		,	7	20.	3.00
		nent For: Primary	General						
		Other (spec							
	State: District:								
_	Full Name (Last, First, Middle Initial)								
C.	Davis Communications					Disburser			
	Mailing Address 105 Winterwood				03	13		2014	Y
		State CT	Zip Code		Trans	action ID :	SB21B.41	45	
	Windsor Purpose of Disbursement	U1	06095						
	event management				Amount	of Each [Disburseme	nt this	Period
	Candidate Name			Category/	-			500	0.00
	Office Sought: House Disbursen	ant For:		Туре		-	- 7	300	
		Primary	General						
		Other (spec							
_	State: District:								
Γ	<u> </u>							4===	
S	SUBTOTAL of Disbursements This Page (optional)			······································		7	7	1553	3.00
Ţ.	OTAL This Period (last page this line number only)								
1 '	TITLE THIS FERIOU (IASI PAGE THIS THE HUMBER ONLY).					7	-		

SCHEDULE B (FEC Form 3X)		F65	F NUMBER: PAGE 12 OF 14			
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I	NOMBEN.			
I EIVIIZED DISDUKSEIVIEN IS	for each category of the	X 21b	22 23 24 25 2			
	Detailed Summary Page	27	28a 28b 28c 29 3			
Any information copied from such Reports and Statem	ents may not be sold or use	d by any nered	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
CT Black Republicans and Conserv	/atives					
Full Name (Last, First, Middle Initial)			B (B) .			
A. Dr. Alveda C King			Date of Disbursement			
Mailing Address p. o. box			03 04 2014			
maining Address p. O. DOX			03 04 2014			
City	State Zip Code					
	GA 30306		Transaction ID: SB21B.4147			
Purpose of Disbursement						
speaking fee			Amount of Each Disbursement this Period			
Candidate Name	'	Category/	4800.00			
Office Sought: House Disbursem	nont For:	Туре	, , ,			
	Primary General					
	Other (specify)					
State: District:	(1) / ▼					
Full Name (Last, First, Middle Initial)						
3.			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address						
City	State Zip Code					
Ony	nato Zip Oude					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Did	ant For	Type				
Office Sought: House Disbursem	nent For: Primary General					
	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
).			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Oity	nate Zip Code					
Purpose of Disbursement						
		Amount of Each Disbursement this Period				
Candidate Name		Category/				
200		Type	7 7 7			
Office Sought: House Disbursem						
	Primary General					
State: District:	Other (specify) ▼					
State. Diotriot.						
SUBTOTAL of Disbursements This Page (optional)			4800.00			
CODITION OF BIODATOCHIONIS THIS Fago (optional)						
TOTAL This Period (last page this line number only).			9391.99			

SCHEDULE B (FEC Form 3X)	Hoe consusts as both 1	FOR LINE NUMBER: PAGE 13 OF 14				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	,			
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or use and address of any poli	used by any perso	on for the purpose of solicit contributions fr	soliciting contributions om such committee.		
NAME OF COMMITTEE (In Full)						
CT Black Republicans and Conser	vatives					
Full Name (Last, First, Middle Initial)						
A. CT Black Republicans and Conser	vatives (state)		Date of Disburseme	/ Y Y Y Y		
Mailing Address 18 Lake Gardia Drive			02 27	2014		
Unionville	State Zip Code CT 06085		Transaction ID : \$	SB23.4216		
Purpose of Disbursement donation toward fundraiser			Amount of Each Di	sbursement this Period		
Candidate Name		Category/ Type		2000.00		
Senate	nent For: 2014 Primary					
State: District:						
Full Name (Last, First, Middle Initial)						
B. CT Black Republicans and Conser	vatives (state)		Date of Disbursement of Date o	/ Y = Y = Y = Y		
Mailing Address 18 Lake Gardia Drive				2014		
Unionville	State Zip Code CT 06085		Transaction ID:	SB23.4215		
Purpose of Disbursement donation toward fundraiser			Amount of Each Di	sbursement this Period		
Candidate Name		Category/ Type		850.00		
Senate	nent For: 2014 Primary					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disburseme			
Mailing Address			M M / D D	/		
City	State Zip Code					
Purpose of Disbursement		A				
Candidate Name		Category/ Type		sbursement this Period		
	nent For: Primary General Other (specify)	71.2				
				2850.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		2030.00		
TOTAL This Period (last page this line number only)				2850.00		

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 1011 = 10 01 1 01111 071
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4114
CT Black Republicans and Conservatives	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
THOMAS C FOLEY	Primary
	General
Mailing Address PO BOX 110384	Other (specify) ▼
3 1 0 BOX 110304	
City STAMFORD State CT	ZIP Code 06911
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
8500.00	0.00 8500.00
3000.00	0.00
TERMS	
	Date Due Interest Rate Secured:
02 27 2014	2/27/2024 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
011 710 0 1	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
O. I all Ivalie (Last, I list, Ivildule Illiliai)	realine of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
walling Address	Occupation
	Amount
City State ZIP Code	Guaranteed
2, 5000	Outstanding:
SUBTOTALS This Period This Page (optional)	8500.00
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this	is line. If no Schedule D, carry forward to appropriate line of Summary.